

**City of Albuquerque**  
**Parental Permission to Travel, Medical Release, and Liability Waiver Form**

**Parental Permission:** For: \_\_\_\_\_ (Name of Child). I hereby give the City of Albuquerque permission for my child (named above) to participate in Outdoor Recreation's Adventure Program. I acknowledge that most Adventure Program activities will be conducted off City property. I give my permission for my Child to participate in such activities.

**Medical Release:** I authorize the City staff to act on my behalf if medical treatment for my Child is necessary. In the event of illness or injury to my Child, I authorize the City to obtain medical treatment for my Child and authorize medical services to be provided under the medical insurance identified below, or if none, at the expense of the Responsible Party identified below.

**Liability Waiver.** I agree to hold the City harmless for any injury or medical or other health care problem my Child may incur during my Child's participation in the Adventure Program, both on and off City property. I agree to pay all medical cost related to any injury or illness that my Child may incur during my Child's participation in the Adventure Program. I further agree that the City shall not be responsible for payment of medical services for my child and acknowledge and agree that any City insurance that may exist does not cover my Child's medical costs.

**Medical Information:** Medical insurance that provides health care coverage for my Child is shown on the attached health insurance card. **(Please attach a copy of your Child's medical insurance card.)**

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**Responsible Party:** Please identify the responsible party for payment of health care for the Child. Provide this information in addition to providing the medical insurance card. Provide this information even if there is not medical insurance.

Responsible Party: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Medical Care Contacts:** List at least two people other than yourself that the City may contact in the event the Child requests medical care or the City determines that the Child is in need of medical care:

1. Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

2. Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**Authorization to Release Child:** In the event my Child requires medical care, as determined by the City or requested by the Child, I authorize the City to release my Child to the custody of any one of the people named above as Medical Care Contacts.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name of Parent or Guardian signing above: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Return to: 1801 4<sup>th</sup> St NW 87102-1425**